



Structural HQ/Records Inspections

Peggy Byerly

**Dept of Pesticide Regulation
Enforcement Branch / SRO**

Form 110 Criteria

Structural HQ/Employee Safety

- ✓ 3CCR 6726
- ✓ 3CCR 6732
- ✓ 3CCR 6738(a)
- ✓ 3CCR 6724
- ✓ 3CCR 6739

Form 110 Criteria - 6726

Emergency Medical Care

3CCR 6726

- Employer must make arrangements **in advance** for employee handlers

Form 110 Criteria - 6732

CHANGE AREA - 3CCR 6732

- Danger – Warning Pesticide Use
- Place where exposure ends
- Area to change clothes & wash
- Water - soap - towels
- Clean area for clothes storage

Form 110 Criteria - 6738

Personal Protective Eqpt 3CCR 6738(a)

- Stored in Pesticide Free area
- Separate from personal clothing

Form 110 Criteria - 6723

Pesticide Safety Information

CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION
1001 I Street,
Sacramento,
California 95834

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

Safety Rules for Pesticide Handlers in Non-Agricultural Settings

N
No. 8

This leaflet, the pesticide label, and your training, tell you about pesticide dangers at work. Your supervisor must know and help you learn about the pesticides you will use, how to safely use them, and how to protect yourself. Pesticides are chemicals that are used to kill insects, weeds, germs and plant diseases. Fertilizers are not pesticides.

Your employer must make plans for emergency medical care before you start working with pesticides. If you think that pesticides made you sick or hurt you at work, he must make sure that you are taken to the doctor right away. You do not have to pay for medical care if you get sick or hurt from pesticides at work.

WHAT ARE MY RIGHTS?

You have the right to know the following about pesticides that have been used where you work

- when and where the pesticide was applied
- name of the pesticide
- the EPA registration number

When you are trained your supervisor must tell you where all this information is kept. You have the right to look at Material Safety Data Sheets (MSDS) and records for all pesticides used where you work. The MSDS tells you about the pesticide and its dangers.

If you think that pesticides have made you sick at work, your supervisor must make sure that you are taken to the doctor immediately.

Emergency medical care is available at

EMPLOYERS: This is the hazard communication leaflet. Fill in the blank lines in this leaflet and display this handout at the employees' work site.

HS-1749
Revised September 2004

3CCR 6723

SUMMARY OF RECORDS YOUR EMPLOYER MUST KEEP

Information	Location
Training papers	Employer's office site
Written training program	Employer's office site
Respirator program procedures	Employer's office site
Accident response plan (fumigants)	Work site
Pesticide label	Work site
Pesticide Safety Information Series	Employer's office site
Material Safety Data Sheet	Employer's office site
Storage area posting ¹	Storage area
Emergency medical care notice	Work site
Doctor's report for respirator use	Employer's office site
Pesticide use records	Employer's office site

¹ Required only for pesticides with the Signal word "DANGER" or "WARNING"

Form 110 Criteria - 6724

3CCR 6724

- Field Rep and OPR = trained
- Written Training Program
 - Study guides
 - Pamphlets
 - Videos
 - PSIS, MSDS, Labeling

Form 110 Criteria - 6724

3CCR 6724

- Records available 2 years, & kept at a central location
- Training Prior to Handling
- 16 topic areas

Form 110 Criteria - 6739

Respiratory Protection Program

- B2 & B3 handlers – is respiratory PPE use truly “voluntary” for that company...or is it mandatory?



Form 110 PCB Records

For Structural Form 110
Business Records Inspection

2 Basic Types:

1. "Company" Records
 - Monthly PURs 8505.17(c)
 - Structural Registration
 - Qualified Mgr/Branch Supervisor

Branch 2-3 Registration

FAC 15204

Each QM shall register w/CAC on a DPR approved form, prior to operating a structural pest control business

EXAMPLE ONLY
ORANGE COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 & 3

Date Submitted: 12-24-09 For Year: 2010

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3
Company Name: Western Exterminator Registration No. PR 0729
Mailing Address: 305 N. CRESCENT WAY
ANAHEIM, CA Zip: 92801
Telephone: (714) 555-1212 Fax: (714) 555-8888 Email: _____
Physical Address: Same as above Zip: _____

OPR: Daniel W Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)

SUPERVISION: Qualifying Manager – QM; Branch Supervisor – BS (Responsible Person)
QM: Daniel Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)
BS: Jose Padilla Lic: 10830 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)

Print Name: Peggy Byerly Secretary Date: 12-24-09
Signature: [Signature] Title: Secretary
I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE. The registration shall cover a calendar year. Food and Agricultural Code section 15204(a) requires each licensed Branch 2 and Branch 3 structural pest control operator, qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county.
Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work the registration fee would be a total of \$5.)
Please mail to: AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92665-2714
PHONE: (714) 955-0100 FAX: (714) 921-2713

7/8/2010

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Branch 1 Registration

EXAMPLE ONLY
ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION

Date Submitted: 12-30-09 For Year: 2010

COMPANY INFORMATION:

Company Name: XYZ Fumes-R-US Registration No. PR 9998
Mailing Address: P.O. Box 999
ANAHEIM, CA Zip: 92801
Telephone: (714) 555-9999 Fax: (714) 555-8990 Email: XYZ-fumes@yahoo.com
Physical Address: 1001 MAIN ST
(if different than above) ANAHEIM, CA Zip: 92801
OPR: Peggy Byerly Lic: PR 9999 Exp: 6-30-12
(Print Name)

SUPERVISION: Qualifying Manager - QM; Branch Supervisor - BS (Responsible Person)
QM: Peggy Byerly Lic: PR 9999 Exp: 6-30-12
(Print Name)
BS: Greg Creekmore Lic: PR 9998 Exp: 6-30-12
(Print Name)

Print Name: Peggy Byerly Date: 12-30-09
Signature: [Signature] Title: owner/operator
I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE. Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year.
Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work the registration fee would be a total of \$5.)
Please mail to: AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92665-2714
PHONE: (714) 955-0100 FAX: (714) 921-2713

FAC 15204.5

Branch 1 companies must register w/CAC on DPR form prior to conducting fumigations in that county

B1 Licensee Registration

ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 - STRUCTURAL FUMIGATION
LIST OF STRUCTURAL PEST CONTROL OPERATORS/
FIELD REPRESENTATIVES

Date: 12-30-09 Company: XVZ Fines R-US

Instructions: Use 1 sheet/location to record Operators & Field Representatives working in this county. Indicate the location from page 2; e.g. 1, 2, 3

Peggy Byerly	OPR 99999	Location 1 - HQ
Greg Creekmuk	FR 99988	Location 1 - HQ

FAC 15204.5

All Branch 1
licensees must
be listed on

DPR Branch 1
Registration
form including
name, license #,
address & phone

Form 110 Criteria

2. “Site Specific” Records

- ✓ Notification (8538, 1970.4, OFN)
- ✓ Applications (1970-Use Records)
 - B1 fume logs – 16 CCR 1970(a)
 - B2 “service tickets” 1970(b)
 - B3 records also under 1970(b)

B1 Notice: OFN 1970.4

EXAMPLE ONLY

OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS: 999 Falcon Ave CITY: Long Beach 90807

☒ Single Family Dwelling ☐ Multi Family Dwelling ☐ Other

Owner/Agent: Charles Smith

Tel. No. 555-7487 Emergency No. 555-0007

Occupant: _____

Tel. No. () _____ Emergency No. () _____

Prime Contractor: XYZ Emergency No. 555-6466

Fumigation Contractor: XYZ Emergency No. 555-6466

Target Pest(s): ☒ Drywood Termites ☐ Beetles ☐ Other(s) _____

Fumigants proposed to be used: ☐ Methyl Bromide ☒ Sulfuryl Fluoride VIKANE

☐ Other(s) _____

Are you aware of any conduits, pipes, common drains, air ducts, central vacuum systems or any other construction elements that would allow the passage of a fumigant from the structure to be fumigated to any other adjacent or adjoining structure?

YES () ☒ NO

CHLOROPIKIN WILL BE USED AS WARNING AGENT WITH EITHER FUMIGANT

Dates of fumigation: 4-30-10 Date changed/Alternative date: 5-1-10

INITIALS PS

IMPORTANT - READ CAREFULLY

THIS BUILDING WILL BE FUMIGATED WITH LETHAL GASES ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE PREMISES ON OR BEFORE ARRIVAL OF THE FUMIGATION CREW. UNDER NO CIRCUMSTANCES CAN ANYONE ENTER THE BUILDING UNTIL THE FUMIGATION COMPANY'S NOTICE IS POSTED GIVING THE TIME AND DATE FOR SAFE RE-ENTRY.

State law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural pest control companies are registered and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

If within 24 hours you experience symptoms of dizziness, headache, nausea, reduced awareness, slowed movement, garbled speech or difficulty in breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center (telephone number) and notify your pest control company. The warning agent, chloropicrin, can cause symptoms of tearing, respiratory distress and vomiting. Entry into the space during fumigation can be fatal.

For further information, contact any of the following: Your pest control company (telephone number); for Health Questions - the County Health Department (telephone number); for Application Information - the County Agricultural Commissioner (telephone number) and for Regulatory Information - the Structural Pest Control Board, 800/737-8188, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815.

COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
PHONE # <u>800-422-3929</u>	PHONE # <u>626-545-5471</u>	PHONE # <u>800-876-4746</u>	PHONE # <u>800-737-8188</u>

(This section may be modified to include the information of geographical area served by the licensee.)

I hereby acknowledge receipt of a copy of this document as well as a list that includes the instructions for the necessary preparations for the fumigation, procedures for leaving the structure, and the following documents:

Charles Smith

We suggest that you notify nearby neighbors of the date of fumigation and to keep pets away during the fumigation. Close off any open access to the structure to prevent pets from entering.

Owner/Agent (signature) Charles Smith Date 4-1-10

Occupant(s) (signature) _____

43M-48 (Rev. 5/07)

Branch 1 pesticide disclosure OFN

- Signed prior to fumigation
- Retained by B3 prime & B1 fumigator for 3 years

Use Records – Fume Log

EXAMPLE ONLY
STANDARD STRUCTURAL FUMIGATION LOG

ADDRESS OF PROPERTY CITY 9999 Falcon Ave, Long Beach 90807		DATE OF FUMIGATION 4-30-10	
FUMIGATOR NAME AND ADDRESS XYZ Termite Control & Fume 9881 Pioneer Blvd Santa Fe Springs, CA 90671 PR 9999		FUMIGATOR NAME AND ADDRESS XYZ T.C. & Fume PR 9999	
PROPERTY OWNER NAME AND ADDRESS Charles Smith (562) 555-7487 1 story house, detached garage		DATE OF NEXT INSPECTION 4-01-10	
PROPERTY PHONE NUMBER (562) 555-0007		DATE OF NEXT INSPECTION (CHECK) 4-01-10	
NOTES ON CONDITIONS			
SECTION 1			
TREATMENT RELEASED Drywood Termites		CYLINDER SERIAL NO. 27000	
TREATMENT TYPE VIKANE 62719-4		DATE/TIME TAKEN TO TREATMENT 4-30-10 10:15 AM	
WIND SPEED 2		CYLINDER SERIAL NO. 609999	
AIR TEMP 82		WT. BEFORE ENTRY 110	
		CYLINDER SERIAL NO. 906666	
		WT. BEFORE ENTRY 230	
		POUNDS APPLIED 12	
EXTRAORDINARY PRECAUTIONS Danger Signs		TOTAL POUNDS 19	
TREATMENT Y DONOR FACTOR - 1		VIKANE CALCULATOR SINER SEAL 20AM	
TAMP CONSTRUCTION 400		TEMPERATURE 71	
SEAL CONSTRUCTION 600		HOODS CAPTURE 2-1 NO	
WIND (MPH) 2		MONITOR JOB (YES / NO) NO	
VOL/LINE 2200			
TREATMENT NAME Steve Rawald			
Juan Limon			
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES () NO ()		LICENSEE SIGNATURE FOR FUMIGATOR Peggy Byrly FR 99999	
SIGNATURE Steve Rawald		DATE/TIME TAKEN TO TREATMENT 5-1-10 12:25 PM	
SIGNATURE Juan Limon		Good Condition	
SIGNATURE Greg Creech			
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES () NO ()		LICENSEE SIGNATURE FOR INSPECTION Peggy Byrly FR 99999	
SIGNATURE Steve Rawald		DATE/TIME TAKEN TO TREATMENT 5-2-10 9:30 AM	
SIGNATURE Juan Limon			
SIGNATURE Greg Creech			
WAS REQUIRED SAFETY EQUIP. PROVIDED? YES () NO ()		LICENSEE SIGNATURE FOR OCCUPANCY Peggy Byrly FR 99999	
SIGNATURE Steve Rawald		DATE/TIME TAKEN TO TREATMENT 5-2-10 9:30 AM	
SIGNATURE Juan Limon			
SIGNATURE Greg Creech			

16 CCR 1970(a)

- Retained 3 years
- Subcontractor forwards copy of completed fume log to B3 prime w/in 10 business days

Use Records - 1970(b)

B&P Code § 1970, Standards and Record Requirements, contains specific requirements for structural pest control business records.

(b) The report for each pest control operation, other than fumigation, in which a pesticide was used shall contain the following information:

- 1.....Date of treatment.
- 2.....Name of owner or his or her agent.
- 3.....Address of property.
- 4.....Total area treated.
- 5.....Target pest or pests controlled.
- 6.....Pesticide and amount used.
- 7.....Identity of person or persons who applied the pesticide.

Use Records - B2 & 3

TIME OUT: 6:30
LUNCH: 30 MIN
TOTAL HOURS: 9 HRS

PESTMAS SERVICES
DAILY REPORT

1- VAB- 4oz
2- D63- 2lbs
1- CAT- 2oz
1- RIC- 1oz

TIME IN	TIME OUT	SERV #	NAME OF ACCOUNT	CHEMICAL USED	CHARGE	COLL
545	630	1	TURK 1949 GRAND AVE "D"	CYN-20Z INT	N/C	
700	730	2	DOUMAKIS, G. 23241 GRIM AVE	DI4-20Z EXT	\$30	BILL
745	810	3	THE MANAGES 32773 32ND ST	DI4-20Z EXT	\$30	BILL
830	915	4	A.P. STAHLHADER 3112 30TH ST	DRA-20Z INT	\$42	BILL
930	10	5	PETERSON, R. 32214 MASSACHUSETTS	DI4-20Z EXT	\$29	BILL
1015	1040	6	KRUMHO, EVELYN 2828 LINCOLN AVE	DRA-20Z INT	N/C	
1100	1130	7	HECKERT, JAMES 4311 LAMAR ST	DI4-40Z EXT	\$28	BILL
1135	1200	8	SAY, JOHN 4066-9012 LAMAR	DI4-40Z EXT	\$44	BILL
1215	1245	9	NYE, GAIL 1107 Horizon Hills Dr	DI4-40Z EXT	N/C	
1300	200	10	JMB PROPERTIES 2552 FLATHEAD Pkwy	CAT-20Z INT	\$89	BILL
				DI4-40Z EXT		
		11				
		12				
		13				
		14			\$292	
		15				

NOTES / COMMENTS: TOTAL APPLICATIONS: 10 DAILY TOTALS

TYPE OF ACCOUNT: EM - Every Month, EOM - Every Other Month, OIT - One Time Service, TI - Termite Inspection, PT - Pre-Treat, SERVICE PERFORMED: R/S - Regular Service, N/A - New Account, T/C - Trouble Call, COL - Collection Only, N/C - No Charge, OIT - One Time Service, TI - Termite Inspection, PT - Pre-Treat, I certify that the above is an accurate accounting of this day's activity, chemical usage and hours.

Employee / Technician Signature: [Signature]
Employee / Technician Signature: [Signature]

Customer Name: Kaley Mish
Address: 4271 E. Cindy St 92117

TRULY NOLEN
TERMITE CONTROL PESTICIDE NOTICE

Truly Nolen of America will use the pesticide chemical(s) specified below for the control of wood destroying pests or organisms identified in the Structural Pest Control Report as indicated.

(1) Pest(s) to be controlled:
☐ Subterranean Termites
☐ Drywood Termites
☐ Fungus or Dry rot
☐ Other: _____
☐ Boetles _____

(2) The pesticide(s) proposed to be used and the active ingredient(s):
☐ A. Vikane; Active Ingredients: Sulfuryl Fluoride - 99%
☒ B. Timbor; Active Ingredients: Disodium Octaborate Tetrahydrate - 98%
☐ C. Torpedo; Active Ingredients: Permethrin - 25.6%
☐ D. Dragnet; Active Ingredients: Permethrin - 36.8%
☐ E. Other _____

(3) State law requires that you be given the following information: "CAUTION - PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Operators are licensed and regulated by the Structural Pest Control Board and apply pesticides which are registered and approved for use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized."
 "If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to flu, contact your physician or poison control center and your pest control operator immediately. (This statement is modified to include any other symptoms of over exposure which are not typical of influenza.)" For further information contact any of the following:

TRULY NOLEN OFFICES
 San Diego 619-283-6251
 San Marcos 619-744-7631
 Palm Desert 619-346-3992
 Riverside 909-275-9591
 Orange 714-921-2350

COUNTY HEALTH DEPT. AGR. DEPT. POISON CONTROL
 San Diego 619-236-2237 619-694-2741 619-543-6000
 San Bernardino 909-387-6219 909-387-2115 800-777-6476
 Riverside 909-358-5058 909-275-3000 800-777-6476
 Orange 714-834-3155 714-447-7110 800-777-6476
 Los Angeles 213-974-8101 818-575-5451 800-777-6476
 Imperial 619-339-4429 619-339-4314 800-777-6476

STRUCTURAL PEST CONTROL BOARD 1430 Howe Ave. Sacramento, CA 95825 916-924-2291

TREATMENT
 Chemical: RT Qty. Used: 5 (Gals) Ozs Lbs (Circle One) Solution % _____
 Chemical: _____ Qty. Used: _____ Gals Ozs Lbs (Circle One) Solution % _____
 Method of Application: Liquid treat attic and local treat
KS on Deck 2ues

Technician Name: TONGE
 License # PRO 185
 Owner, Occupant or Authorized Representative Signature: [Signature]

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Form 110 - Storage Sign

**Pesticide
Storage Area
Posted**

**3CCR 6674
(Category I / II)**



Form 110 - Storage

Pesticide Containers – Storage

- ✓ **Containers Secured 6672(b)**
- ✓ **Containers Labeled/Closures 6676**
- ✓ **Service Containers (B2 & 3) 6678**
- ✓ **Proper Containers (B2 & 3) 6680**
- ✓ **Properly Rinsed (B2 & 3) 6684**

Form 110 - Storage

Pesticide Containers - Storage

Other Questions To Ask Yourself:

- ✓ CA registered pesticides?
- ✓ **PPE** requirements on label (6739?)
- ✓ **Site** (correct license for that use?)